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APPLICANTS

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** CONTINUING DATA *****

NONE ER

** FOREIGN APPLICATIONS *****

NONE ER

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Erin Leigh Wyckoff</i> Initials: <i>ER</i>				

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TITLE

Direct deposit donation

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